



## Professional Disclosure Statement

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<http://www.lewisvillefamilycounseling.com>

### Professional Background

I graduated from UNC-Chapel Hill in 2001 with a Master's of Social Work. During my graduate studies I trained at the Child Guidance Clinic on the campus of Dorothea Dix State Hospital in Raleigh, working with both children adults. I completed 2 years of post-graduate supervision and became a Licensed Clinical Social Worker in 2003 (license #COO4575). In 2012 I completed clinical supervisor training through the National Association of Social Workers (NASW) and successfully passed the exam. I have been a member of NASW since 1999.

### Counseling Experience

I have been providing clinical social work services including assessments, interventions, clinical supervision, and counseling in a variety of settings starting in 2001. These settings include in-patient psychiatric and outpatient community mental health facilities, as well as outpatient substance abuse clinics. I have worked with groups, individuals, couples, and families. My work has been with both children and adults experiencing a wide variety of mental and emotional issues, including depression, anxiety, substance abuse, domestic violence, adoption/pregnancy issues, ADHD, low self-esteem, trauma, and chronic mental illness. I also helped co-facilitate an adolescent weight management program for several years, designed to help adolescents and their families achieve and maintain a healthier body image, self-esteem, and body weight.

### Services Offered

I offer comprehensive clinical assessments, and then tailor the counseling experience to meet the individual needs of the client. I am happy to work with adults, children, couples, and families. For children under the age of 10, I ask that parents and/or families commit to attending the therapy sessions. Although trained from a psychodynamic approach focused heavily on early development, I prefer to primarily use cognitive behavioral techniques, including motivational interviewing and brief therapy. This approach allows us to look at the whole person and focus on the relationship between their thoughts, feelings, and behaviors. I believe in order to best serve children, it is important to focus on the family and therefore I use a systems approach. This approach looks at the children as part of a bigger unit and how that unit interacts and affects each other's behaviors and emotions. I am also a certified group exercise instructor. I feel it is important to have a healthy balance between a person's biological, psychological, emotional, and spiritual needs. Therefore, I am always happy to incorporate spirituality as well as wellness into the therapy sessions.

During the first counseling session I conduct an initial assessment, which can sometimes take 2 sessions to complete. Sessions are scheduled for 55 min. If possible, it is most beneficial to schedule weekly appointments. If that is not feasible, bi-weekly appointments are available. Once treatment goals are achieved, then sessions can become less frequent. My goal is to help patients learn the tools and techniques they need to live healthy, productive lives.

I also provide clinical supervision to provisionally licensed clinicians. At this time, I am able to supervise both LCSW and LPC candidates seeking individual, weekly supervision.

### The Process of Assessment and Counseling

Participation in counseling can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek help. As a collaborative process, counseling requires your very active efforts, honesty, and openness in order to achieve desired changes. I will periodically ask for your feedback on counseling and will expect you to respond openly and honestly.

During assessment or counseling, remembering or talking about unpleasant events, feelings, or thoughts can result in your experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, and so forth. I may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations that can cause you to feel very upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to counseling in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended.

Therapy may also result in decisions about making very different kinds of changes. Sometimes a decision that is positive for one family member is viewed negatively by another family member. Change will sometimes be easy and swift; other times it will be slow and even frustrating. There is no guarantee that therapy will yield the intended results. If you have any questions about the process of therapy, please let me know. I will always seek to answer your questions fully.

Effective March 2021

## Fees

My customary fee schedule is determined according to the type of service that you receive:

Intake Assessment	\$175
Therapy Session (55 minutes)	\$165
Therapy Session (85 minutes)	\$247.50
Therapy Session (115 minutes)	\$330
Couples Therapy (55 min)	\$155

**You can discuss any eligibility for a private pay discount with me individually.**

Please note that if sessions go over, the over-time will be charged at the rate of \$41.25 at the start of every 15 minutes. This charge is not covered by insurance and will be billed through private payment.

At this time, I accept the following types of insurance: Blue Cross Blue Shield, with the exception of Blue Value. At Lewisville Family Counseling, we attempt to set fair fees for our services. However, fees can also be dictated by insurance companies. Insurance reimbursement rates may change at the beginning of the year or fluctuate throughout the year. Lewisville Family Counseling may have to adjust our rates accordingly throughout the year. Most insurance companies require a diagnosis in order to reimburse for counseling services. You are responsible for contacting your insurance provider in order to confirm your mental health and/or substance abuse counseling benefits; they will advise you of your benefit coverage including copayments or coinsurance. Generally, since couples counseling is not covered by insurance companies, I only accept private pay for couples counseling.

## Acknowledgement of Financial Responsibility

Seeking our services implies your acceptance of financial responsibility and obligates you to ensure payment in full for the services you receive. As a client of Lewisville Family Counseling, you agree to provide this office current credit card information which will be used to cover any unpaid charges. You also agree to ensure that the credit card information on file is always current and up to date. (Please refer to the separate Credit Card Payment Form.) If you have insurance coverage with a plan we accept, we will submit your claim to your insurance carrier as a courtesy to you. You agree that you are responsible for any deductible, copayment, or any service that is not covered by your policy. If you do not have insurance, or if you have coverage with a plan we do not accept, you will be considered a "private pay" client and payment is due at the time of service. Likewise, if you do not provide correct insurance information to our office at the time of your appointment, your credit card on file will be charged for the full amount billed. We will be glad to provide you with a Super Bill for you to submit to your insurance company for any reimbursement.

## Litigation Limitation

Please note that I do not offer services related to court hearings or custody evaluations. Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters that may be of a sensitive and confidential nature, it is agreed that should you be involved in legal proceedings, neither you nor your attorney, nor anyone else acting on your behalf, will call on me to testify in court or any other proceeding, nor will a disclosure of the therapy record be requested. Court proceedings, by their nature, usually involve a breach of trust in the therapeutic relationship, which may not be repairable. In the event that you choose to break this agreement, I will, at my discretion, choose to terminate the counseling relationship due to this damage to the therapeutic relationship. In the event that I am subpoenaed or must appear in court, the fee is \$225 per hour that I would be out of the office (including travel time). Fees for medical records are as follows: seventy-five cents (75¢) per page for the first 25 pages, fifty cents (50¢) per page for pages 26 through 100, and twenty-five cents (25¢) for each page in excess of 100 pages. Lewisville Family Counseling may impose a minimum fee of up to ten dollars (\$10.00), inclusive of copying costs. A fee equivalent to my hourly rate may be charged for researching and writing a summary of a medical record.

## Diagnosis

The counseling relationship begins with an assessment, in which information is gathered about your symptoms, strengths, problems, and relevant history. Part of that process can include determining an accurate mental health and/or substance use diagnosis, which would become a permanent part of your medical record. The diagnosis is not a label but is helpful in determining the most appropriate course of treatment for your particular needs. At your initial session, I will complete an assessment in order to help determine the most appropriate course of treatment.

## Code of Ethics

Ethical conduct is vital in the field of counseling. As a clinical social worker and supervisor, I follow the Code of Ethics for the National Association of Social Workers (NASW) as well as the North Carolina Social Work Certification and Licensure Board Ethical Guidelines. These Codes of Ethics can be accessed from the websites at: <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English> and <https://ncswboard.org/page/administrative-code.html#.0501>

## Office Policies

### Payments and Non-Payment Policy

Payment is due at the time of service. If payment has not been made after two sessions, further sessions must be cancelled until payment has been made in full.

### Cancellation and Late Arrival Policy

Your appointments involve the reservation of time specifically for you, and this is the basis of my livelihood.

If you must cancel an appointment, please do so within 24 hours' notice. If an appointment is cancelled late, that is with less than 24 hours' notice, a **late cancellation fee of \$50 will be charged**. If you utilize insurance, please note that insurance does not cover Effective March 2021

late cancellations and so you will be responsible for the full late cancellation fee. If you miss an appointment without calling to cancel, your future appointments may be canceled. In the event that you will be late, please contact me as soon as possible. Upon your arrival, we will meet for the remaining amount of time and end as scheduled. Because insurance will only provide reimbursement for the time that you are present for the session, you will be responsible for the fee for the remainder of the session in 15 minute increments.

### **How to Cancel or Reschedule an Appointment**

If you need to cancel or reschedule an appointment, please e-mail me at sarah@lewisvillefamilycounseling.com or, if you have access to our online platform TherapyAppointment, you may cancel or reschedule online. In order to cancel or reschedule online:

1. Go to [www.LewisvilleFamilyCounseling.com](http://www.LewisvilleFamilyCounseling.com)
2. Click on "Appointment Information"
3. Click on "Scheduling and Appointments"
4. Choose the name of your counselor and click "click here"
5. This will take you to the psychselect website. Enter the Username and Password that you created when you registered online as a client at Lewisville Family Counseling (or any update password that you may have created)
6. This will direct you to the screen in which you can cancel or reschedule your appointment.

Please note that cancellations with less than 24 hours' notice may not be made in TherapyAppointment.

If you do not have access to TherapyAppointment and do not feel comfortable using e-mail to contact us, please call the office at 336-945-0137 to cancel or reschedule your appointment.

### **Termination of Counseling/Discharge**

Please advise your therapist or the administrative assistant if you no longer wish to continue with treatment. After a period of sixty (60) days with no contact from you, your therapist will terminate the therapy contract and discharge you from services at that time. You may call the office at any time to resume services, at which time a new intake packet can be completed.

### **Inclement Weather**

In the case of inclement weather, please use your discretion about whether or not to travel to your appointment. If you choose to cancel your appointment, please call the office and leave a message. If we have not already contacted you and you need to find out if the office will be closed due to inclement weather, you can call the office at 336-945-0137, check our website at <https://www.lewisvillefamilycounseling.com/InclementWeatherInformation.en.html>, or e-mail your counselor.

### **Emergencies**

Lewisville Family Counseling does not provide on-call emergency services. If you or your family member are at risk of harm to yourself or another person, please go to the nearest emergency room or call 911 and ask for a CIT (Crisis Intervention Team) officer. If you are having a mental health emergency, you can utilize one of these three options:

Cardinal 24 Hour Crisis Line: 1-800-939-5911

Novant Behavioral Health: 1-800-718-3550

Daymark Mobile Crisis Team: 1-888-581-9988

### **Confidentiality**

The information discussed in your sessions is considered confidential, which means that I will not share that information with others unless you provide your written permission for me to do so. There are, however, limits to confidentiality in which I may be obligated to break confidentiality. These situations include:

- If there is a reasonable suspicion of the abuse or neglect of a child, dependent, or vulnerable adult. A report will be made to the appropriate protective agencies.
- If you are actively suicidal or are a danger to yourself. I have a duty to obtain help from others in order to do what is necessary to keep you safe.
- If you present/threaten grave bodily harm to others. I have a legal duty to warn those threatened, and to contact law enforcement.
- If I am served with a subpoena by a court or an attorney related to your case.
- If your case involves the Department of Social Services (usually Child Protective Services or Adult Protective Services) I might be required to share information with the Social Worker.
- If you are on probation or parole, it may be legally required that I share information with various individuals appointed by the courts.

### **Consultation**

I consult regularly with other professionals regarding my clients. In some circumstances, the professionals with whom I discuss my case have access to limited confidential information. These professionals are bound by the same confidentiality measures listed above.

### **Couples and Family Therapy**

In couples and family counseling, confidentiality does not apply between the couple or among family members. I will use clinical

judgement when revealing such information. I will encourage the person(s) to reveal the information to the other member(s). I will provide support for that person in finding ways to disclose the information. If you reveal a "secret" to me that you refuse to disclose to the other(s) and that puts me in a position of hurting my honest relationship with others in the couple or family, therapy will be terminated.

**Custodial Parents of a Minor Child**

All custodial parents have a right to information shared in the session of a child under the age of 18 who is not emancipated. Custodial parents should be aware that exercising this right may be detrimental to the therapeutic process, and so may wish to allow confidentiality between the child and therapist. Considering the above exclusions, upon your request I will release information to any agency/person you specify unless I conclude that releasing such information might be harmful.

**Security and Privacy with Electronic Communication**

E-mail and texting can often be convenient methods of communication. When you register online as a client with Lewisville Family Counseling, you will have an option to receive appointment reminders via text or e-mail. Please be aware that e-mail and text are not secure methods of communication and keep this in mind if you choose to provide us with an e-mail address and phone number and choose to communicate by these means. By providing Lewisville Family Counseling with an e-mail address and cell phone number (on this form and/or in the electronic medical record), you are agreeing to receive e-mail and text communication from us.

I  do  do not give permission for Lewisville Family Counseling staff and therapists to e-mail me at the following address(es):

\_\_\_\_\_

I  do  do not give permission for Lewisville Family Counseling staff and therapists to text me at the following phone number(s):

\_\_\_\_\_

I  do  do not give permission for Lewisville Family Counseling staff and therapists to leave a voicemail for me at the following phone number(s):

\_\_\_\_\_

**Professional Relationships/Social Media**

The counseling relationship is different from any other kind of relationship. Because a counselor is not a friend, family member, or other personal relationship, it can be a safer relationship in which to discuss very personal matters that may be difficult to share with others who are close to you. Therefore, it is important to protect the boundaries of the professional counseling relationship. In order to protect your boundaries and the confidentiality of the professional relationship, I do not connect with clients on social media.

**Complaints**

If you are not satisfied with any part of the services you receive from me or if you have a complaint, I encourage you to discuss this with me. If we are unable to resolve a complaint or if you wish to contact the LCSW Board directly, you can contact the North Carolina Social Work Licensing Board at P.O. Box 1043, Asheboro, NC 27204, or 336-625-1679.

**Client Consent to Assessment and Counseling**

I have read this Professional Disclosure Statement and Consent to Treatment, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I understand the limits to confidentiality required by law. I consent to the use of a diagnosis in billing insurance (if insurance is being used), and to the release of that information and other information necessary to complete the billing process. I agree to undertake the assessment and treatment process with Sarah MacReynolds. I know that I can end therapy at any time I wish.

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Sarah F. MacReynolds, MSW, LCSW

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Date

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Client Printed Name

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Client Signature

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Date

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Parent/Guardian Printed Name

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Parent/Guardian Signature

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Date

Effective March 2021